

APPLICATION FOR STATE EMERGENCY RELIEF Department of Human Services

Case Name						
Grantee Client ID			Case Number		Date	
County	District	Section	Unit	Worker	Other ID (as required)	

I hereby make application for the State Emergency Relief (SER) Program. I understand that the following information will be used in the determination of my eligibility for SER.

Check the item(s) you are requesting.

<input type="checkbox"/> RELOCATION SERVICES (first month's rent, rent arrearage, security deposit, or moving expenses)	<input type="checkbox"/> HOME OWNERSHIP SERVICES (house payments, property taxes, lot rent, or insurance coverage)
<input type="checkbox"/> ENERGY SERVICES (heat or electric shut off)	<input type="checkbox"/> UTILITY SERVICES (cooking fuel, water/sewer, deposits)
<input type="checkbox"/> HOME REPAIRS	<input type="checkbox"/> BURIAL SERVICES
<input type="checkbox"/> OTHER	

What is your emergency (briefly describe why emergency occurred). **(NOTE: YOU MUST PROVIDE CURRENT PROOF OF INCOME, ASSETS AND EMERGENCY)** (For example: court-ordered eviction notice, actual energy bill and shutoff notice, estimate of home repair cost, etc). Please provide **originals**, not copies.

List below all members of your household; including date of birth and citizenship status. For SER a person is a member of a household if their personal belongings are there and it is where they sleep. Also include all adults and children temporarily absent due to illness or employment.

Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Social Security Number	Date of Birth	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

ASSETS: Do you have any of the following assets? Enter the amounts. If none, enter "none". **(ATTACH CURRENT PROOF OF AMOUNT/VALUE.)**

Cash on Hand \$	Checking Account \$	Savings Account \$	CD/Money Market \$	Stock/Bonds \$	IRA/401K \$	Any Other CASH Asset \$
Bank Name and Address:			Account number(s)			

Real estate other than the home you are living in? <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$	List all motor vehicles (cars, motorcycles, boats, RV's, etc.)
Land Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$	
Do you have more than one motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any recreational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other non-cash assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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INCOME:

It is necessary that we project your income for the next 30 days. List all income (earned, unearned, Social Security, SSI, Unemployment Benefits, etc.) that any person who resides in your household expects to receive in the next 30 days.
(PROVIDE PROOF OF CURRENT AMOUNTS.)

Name	Source	Name	Source
Paydates	Amount	Paydates	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Health Insurance Premiums you pay. Amount		Covers what time period (1 mo., 3 mo. etc.)	
Court ordered child support you pay (amount per month, if none enter 0)		\$	
Actual child care costs paid by you, not DHS. (Amount per month, if none enter 0)		\$	
Did you have any unusual employment related expenses in the past months? (if yes attach proof) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive a Home Heating Credit in the last 6 months?			
<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, amount \$ _____ Month received _____			

SHELTER/HEAT/UTILITIES: (Fill in blanks and/or check items that describe your shelter situation)

Rent	Mortgage	Lot Rent
\$	\$	\$
Property Taxes (Yearly) If separate from mortgage payment	Homeowners Insurance (Yearly) If separate from mortgage payment	
\$	\$	
Name of Fuel/Heat Provider	Account Number	Name of Electric Provider
		Account Number
Does your household share any meters?	My household pays for:	My Landlord pays for:
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Heat	<input type="checkbox"/> Heat
Does your household share living expenses with anyone else?	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric
<input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Water/Sewer
Does anyone give you money to pay your bills?	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, how much? \$ _____	<input type="checkbox"/> None	<input type="checkbox"/> None
Does anyone pay your bills for you?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much \$ _____ who pays?		
Please indicate the number of household (HH) members and total HH income for the last 6 months. Do not include the current month.		
Month	Month	Month
# in HH	# in HH	# in HH
\$	\$	\$
Month	Month	Month
# in HH	# in HH	# in HH
\$	\$	\$
Were you responsible for paying shelter/heat/electric/utility bills for any of the last 6 months? Do not include the current month.		
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what months and how much did you pay?		
Month	Month	Month
Shelter \$	\$	\$
Heat/electric \$	\$	\$
Utilities \$	\$	\$

Case Name	
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BURIALS: If you are applying for burial services, please complete this section.

Decedent's name		Date of Death	Date of burial/cremation
Does the deceased own their home? <input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, enter current value: \$		Address of the Home	
Is there a co-owner? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes →		Name and Address of Co-owner	
Does the deceased have any bank or credit union accounts: <input type="checkbox"/> No <input type="checkbox"/> Yes → Balance available on the date of death: \$			
Name of bank/credit union		Address:	
Does the deceased own any vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes →		List Make, Model and Value of each vehicle.	
Are there any life insurance policies for the deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, enter the amount: \$		Is there a prepaid funeral contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, enter the amount: \$	
Will the spouse of the deceased receive a Social Security Death Benefit? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, enter the amount: \$		What is your legal relationship to the deceased?	
Name of funeral home handling the burial/cremation:		Address:	Phone #:
Did you sign a Statement of Funeral Goods and Services with the funeral home? <input type="checkbox"/> No <input type="checkbox"/> Yes		What is the total cost of the burial/cremation?	Is there a memorial service? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is this a cremation? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is there a contribution from family and/or friends? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$	Was the deceased a veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes
Place of burial:			

I understand failure to provide the above information may result in denial of my application. I understand I have 8 calendar days to provide all verifications requested. I understand giving false information can result in referral to the prosecutor for prosecution for fraud. I understand that my application may be one of those chosen for a complete investigation. A Department representative may call at my home and may contact other people in order to verify my eligibility for assistance.

I authorize the Department to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the Department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP).

I authorize my energy company to release by phone, fax, email or their computer web-site all available information about my account.

UNDER PENALTIES OF PERJURY, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME, AND, TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT, AND, TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.

Signature of Applicant		Date	Signature of Spouse		Date
Current Address			Signature of DHS Specialist		Date
Current Phone Number			Identification of Applicant		

HEARINGS:

If you believe any action of the Department is incorrect, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, you have the right to a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the Department of Human Services within 90 days following the date of this form. Hearing requests should be sent to your local DHS. You are entitled to representation by an attorney or other person of your choice. However, this Department does not pay for any legal expenses.

Worker Notes Documentation:

AUTHORITY: Act 280, P.A. 1939, as amended (sections 400.6, 400.14, 400.24, 400.68 MCL); 45 CFR 283, 120(b); Low Income Home Energy Assistance Act of 1981, as amended; MCL 400.10; Administrative Codes Rules 400.7001-400.7049 COMPLETION: Required PENALTY: Denial of SER.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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